

# Personal Health Information

## Personal Data

Name \_\_\_\_\_ Date \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ Phone – day: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone – Eve: \_\_\_\_\_

DOB \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Massage History/Treatment Information

Have you ever received a professional massage? \_\_\_\_\_

If yes, frequency \_\_\_\_\_ Date of last massage \_\_\_\_\_

What results do you want from your massage session? \_\_\_\_\_

List stress reduction and exercise activities. Include frequency. \_\_\_\_\_

List current medications, including aspirin, ibuprofen, etc. \_\_\_\_\_

## Previous History (include year and treatment received)

Surgeries/Accidents: \_\_\_\_\_

Health History

Musculo-Skeletal

- Bone or joint disease \_\_\_\_\_
- Tendonitis \_\_\_\_\_
- Bursitis \_\_\_\_\_
- Broken/fractured bone \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Sprain/strains \_\_\_\_\_
- Low back, hip, leg pain \_\_\_\_\_
- Neck, shoulder, arm pain \_\_\_\_\_
- Headaches/head injuries \_\_\_\_\_
- Spasms/cramps \_\_\_\_\_
- Jaw pain/TMJ \_\_\_\_\_
- Lupus \_\_\_\_\_
- Other \_\_\_\_\_

Circulatory

- Heart condition \_\_\_\_\_
- Varicose veins \_\_\_\_\_
- Blood clots \_\_\_\_\_
- High/low blood pressure \_\_\_\_\_
- Lymph edema \_\_\_\_\_
- Breathing difficulty \_\_\_\_\_
- Sinus problems \_\_\_\_\_
- Other \_\_\_\_\_

Skin

- Allergies \_\_\_\_\_
- Rashes \_\_\_\_\_
- Athletes foot \_\_\_\_\_
- Warts \_\_\_\_\_
- Other \_\_\_\_\_

Digestive

- Constipation \_\_\_\_\_
- Gas/bloating \_\_\_\_\_
- Diverticulitis \_\_\_\_\_
- Irritable bowel syndrome \_\_\_\_\_
- Other \_\_\_\_\_

Female

- Pregnant  
If yes, how many weeks \_\_\_\_\_

It is my choice to receive massage therapy. I realize that the treatment is being given for my well-being of mind and body. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation. I agree to communicate with my practitioner any time I feel my well-being is being compromised.

I understand that massage practitioners do not diagnose illness, disease or any physical or mental disorder. Nor do they prescribe medical treatment, pharmaceuticals or perform spinal manipulation. I acknowledge that massage therapy is not a substitute for medical examination or diagnosis.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

**\*\*We reserve the right to charge a \$40 cancellation fee if your massage is canceled with less than a 24-hour notice.**

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_